

## LETTERS TO THE EDITOR



*[The Editor is not responsible for opinions expressed in this department.]*

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### THE SLIDING SCALE

MY DEAR EDITOR: I have been very much interested in your journal in general, but several paragraphs in the September number particularly attracted my attention, and I think call for an answer from some member of the medical profession. With your permission I should like to state my opinion with regard to the questions therein raised.

In the first instance, a nurse is puzzled as to how far her duty requires her to extend professional courtesy to the son-in-law of a physician. We have similar problems to meet; as, for example, when we treat the son of the son of a minister. But as to the nurse, I think the matter is quite clear. I cannot see how any physician, not in abject poverty, could accept the services of a nurse without full compensation. That he would give his services to her if she were ill does not put her under any similar obligation. The cases are not at all parallel. The physician gives a small portion of his time, and does not refuse any profitable case on her account. His income is as large at the end of the year as it would have been if he had not treated her. Perhaps larger because of a good word she has spoken for him.

The nurse, on the other hand, must give her entire time and strength and pay for her room and laundry and telephone out of nothing; and rest up afterward and pay her board, also out of nothing. Then, like most self-supporting women, she probably has helpless old people, or a sister or sister's children dependent upon her. These must also live for the time upon nothing. What honorable physician could accept such services?

Again, I see that nurses are urged to go to the poor at reduced rates. If nurses wish to do this of their own free will I have nothing to say. But when I hear a physician urging this upon them as a duty, I wonder if he realizes just what it means.

I go to a poor family and give my time, fifteen minutes to an hour, I stand or select a hard chair, tolerably clean and safe from vermin. I move the bedclothes carefully so as not to disturb the sleeping germs.

I take neither food nor drink in that house. Once outside I take a long breath and drive rapidly into fresh, pure air. Then I go to my most delicate, refined and noble nurse, for she alone is open to the appeal, and say: "I am making a great sacrifice. I am giving fifteen minutes daily to a poor family. You should do as much. You should go and live for weeks in that befouled air, sleep in those grimy beds, eat with those unclean children, be nourished by their vile, unwholesome food, and after this risk of your life and certain loss of health, accept a pittance for your sufferings."

Such things have been done before now, but we physicians have no conception of the hardship entailed and have no moral right to ask or allow such a sacrifice from any human being. Is the life of my noble nurse of less value than that of the sick person? Can I not take the patient to a hospital, or ask for the calls of a visiting nurse; or, failing these, depend upon the good offices of the neighbors?

We physicians are careless of our nurses. We are passionate to heal. In our mad race for success we call on heaven and earth to help us and drive our chariot-wheels through all obstacles, human or otherwise, as callously as a Roman Nero. And when the race for a life is won, when our case of typhoid, or pneumonia, or eclampsia is going about once more and everybody is praising us, what do we do for the exhausted nurse whose skilful hand and keen eye has saved us at every step of the long way? We are sorry she is broken down and ill; yes. Perhaps she would not be ill, if we had thought beforehand to ask: "Do you have eight hours' sleep some time in the twenty-four? Do you have two hours' fresh air? Do you have proper food? Are you furnished a bed, or an old sofa or chair to sleep on? Do you need a second nurse? If so, you must have one at any cost, even the loss of my fee."

My dear Editor, I believe that if we are simply just we must attach as high a value to the life of the nurse as to that of any sick person, rich or poor.

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### SALARY ALONE DOESN'T FIX THE STANDARD

DEAR EDITOR: The question whether nurses lower their standard by charging less than their regular rates seems to me one which each nurse should settle for herself. We cannot tell beforehand, when called to a case, what people can afford to pay, and our fees must vary as do those of a physician. I do not believe it is a wise plan to encourage a